				•				
								ը_
								33. <sub>P</sub>
								U.8
		,			Transmittal	Form w/ De	claration	15/6
UTIL	.ITY	Attorn	ey Docket N	o. MRI-024	Transmittal Tot	al Pages		10
PATENT AP		First n	amed Inven	tor or Application Ide		Toru KITAO		
(Only for new nonprov under 37 CF		Title o	f Invention	THE BALLPOINT I	BALLPOINT PEN TIP, BALLPOINT PEN UTILIZING THE BALLPOINT PEN TIP AND METHOD OF MANUFACTURING THE BALLPOINT PEN TIP			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO: Commissioner for Patents Box Patent Application Alexandria, VA 22313-1450					
				Box Patent Application			rs ent)  ble) TO- th tatus tatus in * is prior	
18. If a CONTINU □ Continuation	ING APPLICATIO			box and supply the rec on-in part (CIP) of prior	quisite informa application No			
		19. C	ORRESPONI	DENCE ADDRESS	···	***		) 
	ber or Bar Code L	abel	020374	or   Correspond	dence address	below		Í
NAME	KUBOVCIK & KU	BOVCIK			-			
ADDRESS	900 17th Street, N		·			<del>.</del>		
	Washington		STATE	DC	ZIP CODE	20006		
	October 20, 2003		TEL	202-887-9023	FAX	202-887-9	2003	
, <del></del>				1 -0- 001 0020	1 / / / \	1 202-001-0	,,,,,,	



## **FEE TRANSMITTAL**

Note: Effective January 1, 2003

Application Number	Not Yet Assigned		
Filing Date	October 20, 2003		
First Named Inventor	Toru KITAO		
Group Art Unit	Not Assigned		
Examiner Name	Not Assigned		
Attorney Docket Number	MRI-024		

CLAIMS AS FILED-PART 1			SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16 (a))		and the second		\$385.00		\$770.00
TOTAL CLAIMS (37 CFR 1.16 (c))	<u>19</u> - 20 =		\$9.00		\$18.00	\$0.00
INDEPENDENT CLAIMS (37 CFR 1.16 (B))	<u>3</u> - 3 =		\$43.00		\$86.00	\$0.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16 (d))			\$145.00		\$290.00	
A CONTRACTOR OF THE CONTRACTOR			SUB TOTAL		SUB TOTAL	\$770.00
SURCHARGE-LATE FILING FEE OR DECLARATION			\$65.00		\$130.00	
RECORDING ASSIGNMEN	\$40.00		\$40.00	\$40.00		
TOTAL				\$0.00		\$810.00

METHOD OF PAYMENT (check one)						
The commissioner is hooverpayments or charge		2. ⊠ Payment Enclosed:  ⊠ Check (# 5682 for \$810.00)				
DEPOSIT ACCOUNT No. 111833		☐ Money Order ☐ Other				
DEPOSIT ACCOUNT NAME	KUBOVCIK & KUBOVCIK	- a outor				

SIGNATURE OF ATTORNEY, OR AGENT					
NAME	Keiko Tanaka Kubovcik	REGISTRATION No.	40,428		
SIGNATURE	Waitu	ADDRESS	KUBOVCIK & KUBOVCIK 900 17th Street, N.W. Washington, D.C. 20006		
:		TELEPHONE	202-887-9023		
DATE	October 20, 2003	FAX	202-887-9093		

KTK/jbf